Anthem

SERVICES REQUIRING PRIOR AUTHORIZATION

Ohio Medicaid Plan – effective February 1, 2023

Physical health services requiring prior authorization:

- Elective air ambulance.
- All out-of-network services, apart from emergency services.
- All services that may be considered experimental and/or investigational.
- All services not listed on the *Ohio Department of Medicaid Fee Schedule*.
- All unlisted miscellaneous and manually priced codes – including but not limited to codes ending in *99*.
- All inpatient hospital admissions, such as medical, surgical, skilled nursing, long-term acute, and rehabilitation services.
- Obstetrical admissions and newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section.
- Any newborn that transfers from newborn nursery to a higher level of care such as a neonatal intensive care unit (NICU), acute inpatient care, or transitional care nursery.
- Inpatient transfers to new acute care facilities.
- Medical detoxification.
- Long-term care initial placement (while enrolled with the plan — up to 90 days).
- Acupuncture – prior authorization required after 30 visits.
- Chiropractic care services – prior authorization required after 30 visits for ages less than 21 and 15 visits for ages 21 or older.
- Cochlear implantation.
- Durable medical equipment (DME) rentals, purchases, and custom equipment.
- DME, prosthetics, and orthotics.
- Diapers/pull-ups: 300 per month for individuals 3 to 20 years old; 200 per month for individuals over 21 years old.
- Negative pressure wound therapy.
- Elective procedures including but not limited to joint replacements, laminectomies, spinal fusions, discectomies, vein stripping, and laparoscopic/exploratory surgeries.
- Gastric restrictive procedure and surgeries.
- Speech, occupational, and physical therapy – prior authorization required after 30 visits. This applies to private and outpatient facility-based services.
- Surgical services that may be considered cosmetic, including:
    - Blepharoplasty *a type of surgery that removes excess skin from the eyelids.*
    - Mastectomy for gynecomastia *a surgical procedure performed to remove breast tissue from a male with enlarged breasts*.
    - Mastopexy *a surgery to lift, reshape and tighten breast*.
    - Panniculectomy *a surgery is to remove hanging skin and fat from the lower abdomen*.
    - Penile prosthesis *an artificial device used for penile implant surgery*.
    - Plastic surgery or cosmetic dermatology.
    - Reduction mammaplasty reduction mammaplasty *a surgery to reduce the size of the breast*.

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    - Septoplasty *a surgery to correct the position or shape of the nasal septum*.
    - Gender reassignment services *services that help people transition to their self-identified gender*.
- Genetic testing.
- Hyperbaric oxygen.
- Home-based services such as:
    - Home healthcare (physical, occupational, and speech therapy) and skilled nursing after 18 combined visits, regardless of modality.
    - Home infusion services and injections. See pharmacy list of Healthcare Common Procedure Coding System (HCPCS) codes that require prior authorization.
    - Home health aide services.
    - Private duty nursing (extended nursing services).
    - Hospice inpatient services.
- Hysterectomy – *Hysterectomy Consent Form* required.
- Cardiac and pulmonary rehabilitation.
- Pain management – external infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation, and nerve blocks.
- Pharmacy and medications – contact Gainwell (pharmacy).
- Transplants besides those for kidney(s) must be requested directly from the appropriate consortium:

    Ohio Solid Organ Transplantation Consortium
    9200 Memorial Drive
    Plain City, OH 43064
    Telephone: 614-504-5705
    Fax: 614-504-5707

    Ohio Hematopoietic Stem Cell Transplant Consortium
    9500 Euclid Avenue, Desk R32
    Cleveland, OH 44195
    Telephone: 440-585-0759
    Fax: 440-943-6877

- The following radiology services when performed as an outpatient service require prior authorization by Anthem Blue Cross and Blue Shield:
    - Computed tomography angiography (CTA).
    - Coronary computed tomography angiography (CCTA).
    - Computed tomography (CT).
    - Echocardiogram (ECHO).
    - Magnetic resonance angiography (MRA).
    - Magnetic resonance imaging (MRI).
    - Myocardial perfusion imaging (MPI).
    - Positron emission tomography (PET).
    - Multiple-gated acquisition scan (MUGA).

Behavioral health services requiring prior authorization:

- Mental health and/or substance use disorder (SUD) inpatient hospitalizations for adults 21 and older.
- Psychological and neuropsychological testing when there are more than 20 hours/encounters of all psychological testing codes per calendar year.
- Therapeutic Behavioral Services Group Per Diem – authorization required when rendering more than one group per diem service per day by a different billing agency.
- Assertive community treatment.
- Behavioral analysis therapy.
- SUD partial hospitalization program (ASAM 2.5).
- SUD residential treatment (ASAM 3.1, 3.5, 3.7).
    - First and second admissions in a calendar year require a notification.
    - 31+ days during either admission requires a prior authorization and medical necessity review.
    - Third and subsequent admissions in a calendar year require a prior authorization and medical necessity review.
    - Urine drug screen (required only when more than 30 presumptive drug screens or 12 definitive drug tests are provided within a benefit year).

Services covered by OhioRISE ONLY:

- Child and adolescent inpatient hospitalization related to mental health and/or SUD.
- Intensive home-based treatment (IHBT).
- Intensive and moderate care coordination.
- Psychiatric residential treatment facility.
- OhioRISE 1915(b) and 1915(c) services.

Physical health services that require notification:

- All newborn deliveries.
- Maternity obstetrical services after the first visit and outpatient care – including observation.
    - Anthem requires notification of all emergent inpatient admissions within 48 hours of admittance.

Physical health services that do not require prior authorization:

- Emergency room services – in-network and out-of-network.
- 48-hour observations – except for maternity observations, notification is required.
- Low-level plain films (X-rays, EKGs).
- Family planning services, in-network and out-of-network.
- Post-stabilization services, in-network and out-of-network.
- Early and Periodic Screening, Diagnostic, and Treatment screening services.
- Women's healthcare/OB-GYN services.
- Routine vision services.
- Dialysis.
- Post-operative pain management if a surgical procedure is performed on the same date of service.
- Services given at school-based clinics.

- Primary care provider (PCP).
- Local health department.

Behavioral health services that do not require prior authorization:

- Individual, family, multiple-family, and group psychotherapy for mental health and SUD.
- Psychotherapy for a mental health and/or SUD crisis.
- Behavioral health counseling.
- Psychosocial rehabilitation services.
- Individual and group community psychiatric supportive treatment.
- Therapeutic Behavioral Services Group Per Diem – authorization required when rendering more than 1 group per diem service per day by a different billing agency.
- SUD assessment.
- SUD individual and group counseling.
- SUD case management.
- SUD peer support services up to 4 hours per day.
- Evaluation and management visits for mental health and SUD, including home and prolonged visits.
- Psychiatric diagnostic evaluation.
- Smoking and tobacco cessation counseling.
- Screening, brief intervention, and referral to treatment (SBIRT).
- A Child and Adolescent Needs and Strengths (CANS) assessment.
- Up to six weeks of stabilization services (MRSS), except in accordance with Ohio Administrative Code (OAC) rule 5160-27-13.
- Depression screening and cognitive behavioral health therapies provided in coordination with the Help Me Grow program, including services performed in the home.

See Anthem Ohio Medicaid Provider Manual for the prior authorization process.